

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |              |          |
|--|-----------------------------------|---|--------------|----------|
| 1 Date of Request: _____   |                                   | 2 Serial/Patent # <b>10/519030</b>  |              |          |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/>   | Filing                            |   |              | \$       |
| <input type="checkbox"/>   | Amendment                         |   |              | \$       |
| <input type="checkbox"/>   | Extension of Time                 |   |              | \$       |
| <input type="checkbox"/>   | Notice of Appeal/Appeal           |   |              | \$       |
| <input type="checkbox"/>   | Petition                          |   |              | \$       |
| <input type="checkbox"/>   | Issue                             |   |              | \$       |
| <input type="checkbox"/>   | Cert of Correction/Terminal Disc. |   |              | \$       |
| <input type="checkbox"/>   | Maintenance                       |   |              | \$       |
| <input type="checkbox"/>   | Assignment                        |   |              | \$       |
| <input checked="" type="checkbox"/>  | Other <i>Payment for search</i>   |   |              | \$ 400   |
|  |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$ 1     |
|  |                                   | 8 TO BE REFUNDED BY:  |              |          |
| 10 REASON:   |                                   | <div style="border: 1px solid black; padding: 5px;"> Treasury Check<br/> Credit Deposit A/C #:<br/> 9 <span style="border: 1px solid black; padding: 2px 5px;">03--1935</span> </div> |              |          |
| <input type="checkbox"/>   | Overpayment                       |   |              |          |
| <input type="checkbox"/>   | Duplicate Payment                 |   |              |          |
| <input type="checkbox"/>   | No Fee Due (Explanation):         |   |              |          |
|  |                                   |   |              |          |
| 11 REFUND REQUESTED BY:  |                                   |   |              |          |
| TYPED/PRINTED NAME: _____  |                                   | TITLE: _____  |              |          |
| SIGNATURE: _____   |                                   | PHONE: _____  |              |          |
| OFFICE: _____  |                                   |   |              |          |
| <div style="font-size: small;"> *****<br/> THIS SPACE RESERVED FOR FINANCE USE ONLY:<br/> APPROVED: _____ DATE: _____ </div> |                                   |   |              |          |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*